

2017-10-01

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Cameron, L

<http://hdl.handle.net/10026.1/16585>

10.1016/j.physio.2017.11.102

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Management of chronic post-partum pelvic girdle pain: evaluating effectiveness of combined physiotherapy and a dynamic elastomeric fabric orthosis

L. Cameron*, J. Freeman, J. Marsden

University of Plymouth, School of Health Professions, Plymouth, United Kingdom



Purpose: Pelvic girdle pain (PGP) during pregnancy occurs in approximately 70% of females, and 38% of women continue to suffer PGP symptoms beyond 12 weeks following delivery. PGP post-partum causes pain during everyday activities that impacts negatively on health related quality of life and is associated with significant healthcare and societal costs. These women are often referred to physiotherapy, however management is difficult and there is a weak evidence base for its management.

Alongside the provision of advice and information, physiotherapists commonly prescribe orthoses such as a rigid belt with the aim of optimising pelvic stability and reducing pain. More recently a novel customised Dynamic Elastomeric Fabric Orthoses (DEFO) has been developed as an alternative to an ‘off the shelf’ pelvic belt. No studies have investigated their effectiveness in complementing standard physiotherapy advice and management in the management of chronic post-partum PGP.

Aim: To undertake a single case experimental design to investigate the effectiveness of physiotherapy advice and information plus provision of a pelvic orthotic on pain and activity levels, confidence, continence and health related quality of life.

Methods: Eight participants were recruited into this single case study series, for this ethically approved study. During the first visit participants were screened to determine their eligibility using a pain referral map and a battery of pain provocation tests, in line with the European guidelines. Eligible participants were measured for their customised DEFO during their initial appointment to allow for production during the baseline phase. A replicated single case study, AB multiple baseline design approach was used. Eligible participants were allocated to a randomised baseline duration of either 8, 9 or 10 weeks (Phase A), using a computer software programme. The participant would then continue to complete a total of 18 weeks with phase B consisting of either 8, 9 or 10 weeks dependent on baseline randomisation. Each participant completed a self-report questionnaire every week in both baseline and intervention phase. The self-report questionnaire contained the following outcome measures: Numerical Pain Rating Scale (NPRS), Pelvic Girdle Questionnaire (PGQ), EuroQol 5 Dimension (EQ5D) and the Short Form 36 item – version 2 (SF36-v2), confidence – 11 point numerical rating scale and International Consultation on Incontinence Questionnaire Short Form (ICIQ).

Results: All participants have been recruited to the study and we are awaiting completion in July 2017. Data analysis and results will follow participant completion in July 2017.

Conclusion(s): Awaiting results.

Implications: Chronic, post-partum, PGP has long been over looked, with the incidence of continuing pain following the birth of their child varying greatly. This study has aimed to raise awareness of the current struggle some females still undergo following their pregnancy and also offers a novel orthotic to help manage their symptoms by improving pain, activity levels and quality of life. Following the results of this study, larger studies may be required to evaluate their effectiveness on the wider population of post-partum females still suffering from PGP.

Funding acknowledgements: We would like to thank the CSP, Physiotherapist Research Fund (PRF) for Funding this research.

<https://doi.org/10.1016/j.physio.2017.11.102>

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Time for change: a cultural shift in the value of patient time: a special interest report



C. Harris

*Salisbury NHS Foundation Trust,
Medical/Surgical Therapy Team, Salisbury,
United Kingdom*

Purpose: *Time:* Ours to organise, ours to spend and equally ours to waste- but what about when that control is taken. In a culture where our days are filled with loved ones, work and activity, we choose to balance our time across these. However, when you are admitted to an acute hospital, this aspect of choice is often taken away.

As physiotherapists one of our key roles in inpatient care is to improve and regain function to allow our patients to return to their home at their baseline level. By making simple changes-getting patients dressed into day clothes, walking to the toilet and sitting in a chair for meals there can be a clear correlation with the speed of a patient’s rehabilitation.

Methods: The powers of social media are often broadcast, showing that themes or ideas could spread across the world in a matter of hours, and the #endpparalysis movement has been no different. This, the concept that patients shouldn’t be encouraged to fall into the ‘sick role’ during hospital admission. Although something you’d think natural, across many acute wards on observation you will find patient’s in bed, causing struggles with nutrition and basic daily tasks. The #endpparalysis movement aims to shift the culture of hospital routine to maintain a parallel to daily routine. Through the power of social movement, professionals across all healthcare disciplines are able to connect, share ideas and develop opportunities, creating a platform to reform the way we deliver our services in relation to this concept.